Final Report
Children's Oral Health Planning Summit

Prepared by
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Sponsored by the
Children and Families Commissions of
Lassen, Modoc, Plumas,
and Sierra Counties
through a grant provided by the
California Children and Families Commission

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Background

Poor oral health in young children and limited access to dental care emerged as significant health issues during 2000 in the Prop 10 Strategic Plans for Lassen, Modoc, Plumas and Sierra counties. Preliminary plans by the Lassen County Commission to hire a dentist to meet the county's needs were put on hold after learning that two Lassen County Dental Clinics had been advertising for a dentist for a year with no success. The Commission decided to engage in a more formal planning process to determine best options for allocating funds and invited the Plumas, Sierra and Modoc Children and Families Commissions to join them. Subsequently, the Lassen Commission submitted a proposal to the California Children and Families Commission to convene a multidisciplinary two-day regional oral health summit to address the oral health and dental access issues in the region. A copy of the proposal is included in the Appendix. On July 20, 2000 the Commission received approval and a $20,000 grant to convene the regional summit and publish a final report. Laura Roberts, Executive Director of the Lassen Commission, served as the overall Coordinator of the project.

Planning Process

Planning Committee and Consultant

The following individuals participated on a Planning Committee for the oral health summit:

Laura Roberts, Executive Director, Lassen Children and Families Commission
Gloria Wyeth, Executive Director, Sierra Children and Families Commission
Rita Scardaci, Director, Plumas County Public Health
Sandy Norton, Director of Nurses, Plumas County Health Department
Donna Michelson, Modoc Children and Families Commission
Kirstin Newton, Dental Hygenist, Lassen County
Cindy Keltner, Technical Assistance Center, Children and Families Commission
Joyce Miller, Modoc Public Health Department
Dave Jones, Director, Big Valley Medical Center, Lassen Children and Families Commission
Yvonne O'Neill, School Psychologist, Lassen Children and Families Commission
Patsy Geminis, Public Health Nurse, Lassen Children and Families Commission
Jan Irvin, Health Services Coordinator, Susanville Headstart
Genevieve Haines, Rogers & Associates, State Commission Media Team

One of the first decisions was to hire a consultant to develop, coordinate and facilitate the summit and perform the following scope of work:

- Formulate Oral Health Summit agenda and processes
- Assist in locating key persons to participate in the event
- Research best practices and background materials
- Prepare a pre-mailing

- Identify panel members
- Coordinate other facilitators
- Formalize proceedings into an action plan.

The State CCFC provided four names of potential consultants in early August. Resumes and interviews were then conducted and Beverly Isman, RDH, MPH, ELS from Davis, CA was selected. Her resume is included in the Appendix.

The Planning Committee held a meeting during the July CFC Executive Directors conference. Ms. Isman and the Planning Committee held four conference calls prior to the Summit (8/28, 9/11, 9/26 and 10/16). Ms. Isman traveled to the region on 9/20-21 to visit the proposed conference facility and meet with Laura Roberts, Jan Irvin, and Patsy Jimenez from the Lassen CFC. Ms. Roberts visited the conference facility, the Feather River Inn, to negotiate a contract on 10/12 and Ms. Isman and Ms. Roberts met in Davis on 10/13. Ms. Isman also met with Roberta Peck from the State CCFC prior to the summit to review the agenda and format. The rest of the planning occurred by phone, e-mail, fax, mail, and individual meetings among key players in the region. Regional planning and communication were a significant challenge for the committee because of the short time frame for planning and the geographic distance.

Researching the Issues

To build on the experiences of others, agendas and information from other oral health summits and focus groups were reviewed. Included were: 1) discussion and a PowerPoint presentation from a HCFA dental consultant on how to conduct a Medicaid oral health summit, 2) agenda, presentation notes, a follow-up report and a discussion with the coordinator of the North Dakota Dental Summit held on April 14, 2000, 3) highlights from a summit in New Mexico on January 11-12, 2000 and a regional one in New England on September 9-10, 1999, and 4) proposals from Michigan and Georgia for statewide summits. Although the information was for statewide or multi-state summits, it was helpful in identifying strategies, agenda topics, and recommendations that would be most relevant for a rural multi-county summit as well as some deficiencies to improve upon. Ms. Isman also attended and brought information back from a Reach Out 2000 focus group meeting in Fresno sponsored by Delta Dental where participants brain stormed recommendations for addressing dental access problems in California.

Scientific articles and program information were gathered from searches on the Internet, requests to agencies and individuals, and attendance at various meetings. These were used to highlight potential barriers to care, solutions, and funding opportunities. A list of potential barriers from the consumer, provider and system perspectives, which had been developed for a recent UCSF project on dental access, was circulated to members of the planning committee to highlight the top 5 that caused the most problems for their county. (See the Appendix.) Barriers that the group felt were major issues for the region included:

- Lack of pediatric dentists
- Lack of facilities/personnel for doing dental OR cases in the region
- Inadequate participation in Denti-Cal and Healthy Families by general dentists

- Lack of public transportation, transportation costs, and unreliable autos
- Geography (mountain passes and rural roads) and winter weather
- Clinics have had problems recruiting dental providers
- There are no community-based preventive oral health programs
- Lack of fluoridation—private wells and small municipal systems
- Frustration with many of the dentists who will not see young children and won't see families who do not have private insurance
- Lack of knowledge of the public and some professionals about effective preventive measures and treatment approaches for young children

Identifying Potential Speakers and Participants

The Planning Committee generated a list of potential invitees as speakers and also a mailing list of other potential participants. The budget allowed for attendance by about 50 people. The committee felt that speakers on a panel should represent agencies that could provide some type of resources or solutions to the identified barriers. A list of over 20 agencies/individuals was developed and discussed. Included were state agencies, non-profit groups or associations, foundations, and dental projects with foundation or other funding. All were either invited to attend or to send materials. The committee asked that speakers be selected who were knowledgeable about rural issues and solutions and would be willing to participate in most of the summit. Dr. Francisco Ramos-Gomez was chosen as the keynote speaker to discuss "Interdisciplinary Approaches to Children's Oral Health." His biosketch is in the Appendix.

Developing the Agenda and Format

Deciding on a date for the meeting was difficult as the planning time was short, numerous other meetings were already scheduled in October, and inclement weather becomes an issue starting in November. The committee finally selected October 23-24 for the summit. To accommodate long driving times for most attendees, afternoon and evening sessions were scheduled on the 23rd and morning and afternoon sessions on the 24th.

The meeting was billed as an "oral health" summit rather than as a "dental" summit to reflect the philosophy that the mouth contains more than just teeth and that prevention of disease is as important as treatment. An agenda was developed to create a forum for collaboration that combined presentation of information, sharing of perceptions and experiences, and a discussion of potential strategies for action and a sequence of priorities. Four or five versions were discussed before it was finalized and facilitators were assigned. A copy of the final agenda is included in the Appendix. The following goals, purposes and expectations were also created.

Goal of the Oral Health Summit

Improve oral health and access to regular dental care for children prenatally to age 5 and their families in Lassen, Modoc, Plumas and Sierra Counties.

Purposes of the Summit

1. Review the status of oral health in young children in this region,
2. Review the status of dental care resources for low-income/underserved families in this region,
3. Discuss barriers to oral health and dental care,
4. Outline potential strategies to improve oral health and access to dental care,
5. Discuss federal, state, local and regional programs and initiatives that relate to oral health or dental care,
6. Discuss community resources that might be leveraged to initiate regional and county projects or services,
7. Begin to create regional and county action plans.

Expectations for the Summit

1. Build a network of individuals and organizations committed to a regional approach to improvements in oral health and dental care for young children.
2. Create a forum for a multi disciplinary discussion of oral health and dental care.
3. Share information about resources, successful programs and lessons learned from other programs.
4. Highlight what is unique about our region.
5. Distribute a binder of information so that everyone has access to the same resources.
6. Create a positive, nonjudgmental, comfortable environment where people are encouraged to think of innovative solutions that go beyond traditional approaches.
7. Develop specific plans for next steps at the county and regional level.
8. Foster new friendships and agency relationships.
9. Avoid close encounters with the resident bears.

The Prop 10 TA Center volunteered one of their staff, Cynthia Keltner, and two consultants, Deborah Kelch and Kelly Crosbie, to help with registration, facilitation, and general logistics. Arrangements were also made for Rogers and Associates, media contractors with the State CCFC, to videotape portions of the summit.

Materials were copied and inserted into 3-ring notebooks for all summit participants. A list of the materials in each of the five sections of the notebook is included in the Appendix. Many of the invitees who could not attend submitted materials to share with participants. The committee arranged for resource tables to be set up in the dining hall to accommodate materials that wouldn't fit into the binders, infant oral hygiene products that were donated, and display materials. (See list in Appendix). Patsy Jimenez loaned large wall hangings covered with adhesive to post the flip chart notes and also to post any "parking lot" notes. The parking lot concept uses a special area for posting any topics, questions or concerns that were raised that did

not fit into the immediate discussion but should be addressed at some point. Jan Irvin created colorful cutout cars to use as note cards for the parking lot.

Marketing and Surveys

A brochure/registration form was developed and distributed in the beginning of October. (See the Appendix for a copy.) It was mailed to 135 people. One hour of continuing dental education credit was secured from the Sacramento District Dental Hygiene Society to entice more dental providers to attend.

Prior to the summit four different questionnaires were created and widely distributed to parents, agency representatives, dental health professionals, and other health professionals to obtain their perceptions on various issues: availability of dental care, use of ER facilities for dental problems and oral injuries, barriers and incentives to accessing and providing dental care, characteristics that indicate a valuing of oral health and young children, roles for various community groups in improving oral health, and ways they individually might want to be involved in a regional collaborative effort. With the assistance of local Children and Families Commission Members and staff, surveys were distributed to parents via Headstart programs, day care and preschool programs, to dental health professionals via the U. S. Mail, and to agencies and health care providers via personal delivery. Copies of the questionnaires and a summary of the responses to each of the four questionnaires are included in the Appendix. Responses by category and county are included in the following table.

Survey Responses (96 responses)

County	Parents	Agency Reps.	Dental Profs.	Health Profs.
Lassen	26	10	8	2
Modoc	**14**	**7**	**1**	**2**
Plumas	**About 8***	**6**	**3**	**1**
Sierra	**2**	**2**	**1**	**1**
Pediatric dentists			**2**	
Totals	About 50*	25	15	6

*** One coordinator asked a group of parents the questions and summarized the answers on 1 form.**

Responses received prior to the summit were summarized and used during the summit to facilitate a discussion of differing perspectives on barriers and solutions to access. Lack of information or misinformation emerged in the following areas:

- Developmentally appropriate preventive dental measures for young children
- Management of oral injuries
- Best age for first dental screening
- What is covered and how often by Denti-Cal and other public financing programs
- Where to find dental care for young children with various levels of need
- Ways to translate oral health knowledge into appropriate actions
- What it is like to be "low-income".

Other significant findings included:

- All of the dentists who responded said they treat children in their offices, but there were a number of qualifiers—e.g., not until age 5, only if they are cooperative, etc. They were frustrated by parents who have little knowledge of the importance of baby teeth and preventive measures and who do not take care of their child's mouth.
- 80% of the dentists provide some pro bono or reduced fee care, and 67% report they accept some Medi-Cal or Healthy Families patients.
- All of the agency staff responding knew at least some resources for regular and specialty dental care for young children.
- Agency staff noted many barriers to care including transportation issues, lack of dentists who like to treat children and will participate in public financing programs, long waiting lists, procrastination of parents who don't take care of their own teeth or teach their children self-care.
- 50% of the parents responding had not encountered barriers in finding a dentist for their children, but 20% did not know where to go to get regular dental care and specialty care for young children; only 3 parents had ever taken their child to an emergency room for dental problems, but 30% said they might do so if the child had an oral injury.

Welcome to the Children's Oral Health Summit

- Most parents were confident about knowing how to keep their child's mouth clean and recognize dental problems and they felt that what they do at home for their child's oral health is as important or more important than what is done at the dental office.
- Most of the health professional respondents felt confident when examining a child's mouth, recognizing problems and counseling parents.
- All categories of respondents were in agreement that qualities to look for in families and honesty and caring about others, particularly low-income children.

The Oral Health Summit

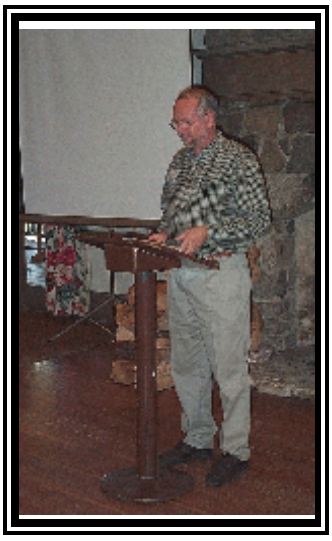
Attendance and Setting

Forty-two participants attended the summit on October 23-24 at the Feather River Inn in Blairsden. A copy of the participant list is included in the Appendix. A few were only able to attend one of the days. Registration was handled by members of the TA Center and the Planning Committee at a table in the hotel lobby. Each person received their meeting binder of resource and workshop materials as well as samples of infant oral health products and other resources from two resource tables. The Resource tables were set-up for the entire two days. Extra oral care products and educational materials that remained after the meeting were distributed to participants to take back to programs in their communities.

Oral Health Summit Registration

Breaks and meal functions were structured so that participants could network and engage in joint planning efforts. Tables were set in the dining room for groups of 4-10 people and all meals were buffet style to accommodate different dietary preferences and to reduce serving time. The casual woodsy atmosphere of the Inn, with its small clusters of chairs inside the lobby and lounge and outside on the porch contributed to the relaxed atmosphere of the meeting. Hotel staff and participants pitched in to keep a roaring fire burning in the large fireplace in the meeting room throughout the two days. Those from "out-of-county" were housed in the newly remodeled inn rooms as well as in the rustic multi-room cabins and at another motel nearby. Special welcome baskets of products from the county were given to keynote speakers and consultants.

Day One Format and Content



Dave Jones Opens Conference

David Jones read welcoming comments from Jim Chapman, Lassen County Supervisor, who was unable to attend at the last minute. Rita Scardaci from the Plumas County CFC welcomed the group and reviewed the goals, purpose and expectations developed by the Planning Committee for the meeting. Beverly Isman then introduced herself as the primary consultant/facilitator and asked everyone to introduce themselves, share what they felt they personally or professionally could contribute to the meeting, and outline their own

Rita Scardaci

expectations for the two-day meeting. Expectations were recorded on flipcharts. (See Appendix) Laura Roberts then reviewed the agenda and format and contents of the conference binder. Ground rules for the meeting were established so that everyone's opinion would be valued. Roberta Peck, from the State CFC, provided an overview of the themes of Prop 10 and the role of the California Children and Families Commissions. A copy of the presentation slides is included in the Appendix. To ensure a common frame of reference for communication, a glossary of oral health terms was provided and discussed (See copy in Appendix).

Dave Jones next summarized what is currently known (documented) about dental health for children in the region, not including the pre-summit survey data. In addition to the information noted in the strategic plans, the following points emerged that stress the need for further quantifying the oral health status and dental care needs in the region:

Identifying strengths and resources in each County.

- Consumer access barriers are well documented; primary ones include: financial barriers, transportation and distance to services, cultural/language differences between consumers and providers, immigration status,
- There are some data on length of wait to see a pediatric dentist
- Data on dental conditions are anecdotal and have not been quantified via surveys, dental chart reviews or dental insurance claims
- Some Denti-Cal and Healthy Families data are available, but only for level of provider participation in the programs.
- There is no written description of oral health educational or outreach efforts to parents, children, or child care providers and preschool teachers
- There do not appear to be any school-based dental health or dental care programs, other than efforts through Head Start
- We do not know how many people have access to and use dental care on a <u>regular</u> basis (preventive and treatment services)
- We do not know how many children have received treatment for early childhood caries and then not received follow-up care.

Because many people could not attend the summit, the planning committee felt it was important to reflect the opinions of the people who completed the pre-summit surveys. Beverly Isman presented the preliminary findings of the survey and summaries of issues such as those noted previously in this report. Participants acknowledged the importance of gathering and valuing everyone's opinion, discussing differences and similarities in perspectives, and trying to find a common ground for moving forward to improve

children's oral health and access to dental care rather than blaming each other for perpetuation of the problems.

To continue on a positive note, the discussion then focused on asset mapping, noting the strengths and resources in each county and in the region. The notes from this discussion are categorized by county and combined with notes from a later brainstorming session in the Appendix. Draft county profiles were created from the strategic plans as a starting point for discussion. These are included in the Appendix, but are still only drafts as the information in the strategic plans was not sufficient to develop a comprehensive profile.


Tom Bennett

Participants took a break at this point to view the resource tables, take a walk, network in the lounge for hors d'oeuvres and beverages, and have a leisurely dinner together. The group then reconvened for an evening panel of speakers and discussion.

The following individuals discussed strategies and resources available to improve children's oral health and ways to leverage other financial resources. Many of these strategies focused on multidisciplinary activities that could be integrated into other efforts to improve services such as transportation, childcare, clinic infrastructure, reimbursement policies and procedures, screening and primary prevention programs such as fluorides/fluoridation. Flip chart notes and handouts of some of the presentations are included in the Appendix.

- Dr. Barney McKee, a practicing dentist in Lassen County discussed the safety and effectiveness of fluorides for preventing dental caries, especially community water fluoridation, and noted the need for well water testing of fluoride levels prior to prescribing fluoride supplements.

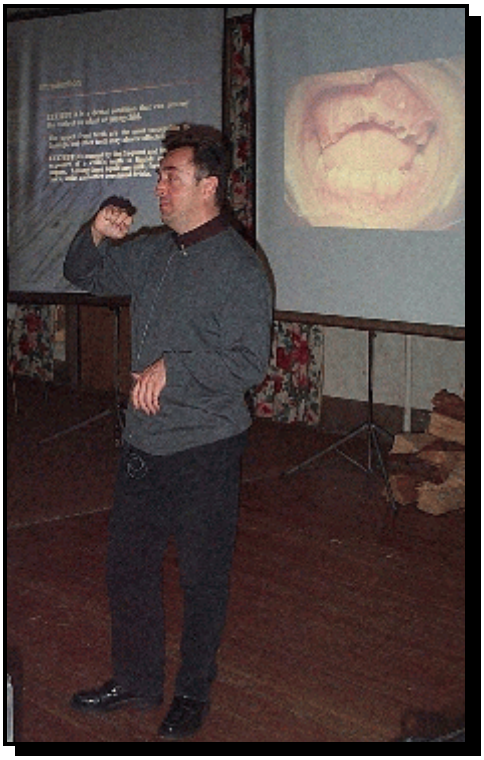
Dr. Robert Isman discussed Denti-Cal enhancements and potential improvements for FY 2000-2001, as well as a federal grant from HCFA that will fund a demonstration project for young children and their mothers in


Materials Table


Product Table

Alameda County; this model could potentially be expanded to rural areas

- Ms Julie Day from the Delta Dental's Healthy Families Program outlined opportunities for dental care resources including scheduling mobile van visits
- Susanna Torricella from the DHS Primary & Rural Health Care Branch Healthy Families Program elaborated on opportunities for rural demonstration projects through a new RFA meant to enhance infrastructure, geographic access, and special population's access.
- Sally Aldinger, the Kids First Coordinator for the Trinity County Office of Education, described the mobile dental van program they have recently begun with Sierra Health funding.
- Tom Bennett from the Sierra Health Foundation described the foundation's priorities and types of grant programs; he also mentioned recent dental initiatives by other foundations.
- Marsha Sherman from the California Child Care Health Program described the many aspects of this program and their incorporation of oral health as an important part of child care; she also discussed a new grant opportunity through their health linkages project.



Key Note Speaker, Dr. Francisco Ramos-Gomez

Everyone was energized by the potential opportunities for additional resources, and despite the late hour (9:30 pm) and a long day, some participants adjourned to the lounge and continued to network.

Marsha Sherman

Day Two Format and Content

Participants awoke to bright sunlight and a wonderful breakfast. Laura Roberts reviewed the format and timeframe for the day and new participants were introduced. Dr. Ramos-Gomez, a pediatric dental public health specialist from UCSF provided a lively overview and discussion of interdisciplinary approaches to children's oral health. He discussed the etiologies of early childhood caries—the major chronic disease affecting young children—and ways that all health

professionals and children's programs could help prevent this infectious disease. (See flip chart notes in the Appendix.) Key messages included:

- Maternal oral health affects the baby's health, so counseling should start prenatally.
- Oral health is integral to general health.
- Baby teeth are important for development of speech, eating skills, social acceptance and self-esteem, and maintaining space in the jaws for the permanent teeth.
- Dental decay (dental caries) is an infectious chronic disease; in early childhood the bacteria that cause decay are transmitted to infants by caretakers, usually mothers.
- Frequent intake of foods/beverages containing sugar is more harmful than the amount of sugar consumed.
- Measures are available to help prevent early childhood caries, but choices and combinations of measures need to be offered to match a child's needs and risk factors as well as the family's daily realities.
- Literacy and education levels, cultural beliefs and practices, and other daily priorities influence maintenance of oral health.
- Improvements in oral health require a multidisciplinary approach.

After this invigorating session, participants divided into county groups to brainstorm what strategies should be addressed on a regional basis versus through local or county approaches, and which groups/individuals were not in attendance who would be valuable resources to invite to participate in a collaborative effort. Many groups/individuals who could play a role were identified. These are included in the flip chart notes for each county in the Appendix.

During lunch participants continued their discussions of strategies and the facilitators collapsed the strategies into major categories. Participants then voted on their top three priorities for a regional action plan, also noting which option was their favorite. A copy of the votes per category is included in the Appendix. The following top priorities emerged:

- Develop an ongoing Regional Coalition for communication, action and grant writing
- Plan collaborative trainings for dental professionals, health professionals, child care providers and parents
- Develop a plan for regional recruitment and retention of dentists
- Promote and create a collaborative media campaign on oral health
- Increase appropriate use of fluorides/fluoridation.

County Groups Brainstorming Strategies

Ms. Isman next presented considerations for developing an action plan, including criteria for writing objectives and selecting measurable outcomes. (See PowerPoint notes in the Appendix.) Templates for an action plan, and examples of an evaluation plan and

a timeline chart were reviewed (See Appendix). Issues that emerged during discussions over both days and that should be kept in mind when developing an action plan were recorded on flip charts and are included in the Appendix.

A coalition steering committee was established to review the issues discussed at the Summit, schedule meetings to develop a specific action plan, invite others to join the coalition, and disseminate information from the conference to participants and to interested members of the community and agencies who were unable to attend. Upcoming deadlines for grant submissions and times/mechanisms for disseminating information were reviewed. To highlight the importance of personal actions, each participant stated what they personally would do to further the coalition-building process after the summit. A list of individual actions is included in the Appendix.

Evaluation

To conclude the meeting, the initial list of expectations as well as issues that emerged during the course of the meeting were reviewed to determine if expectations were met and if additional follow-up was needed. Numerous door prizes such as Bright Smiles tee shirts and a coalition-building kit donated by Sierra Health Foundation and Lassen CFC were given to participants prior to adjournment. Results of the summit evaluations indicated a high level of satisfaction (>4.4 on a 5 point scale) for the conference meeting expectations, providing relevant information, fostering sharing of ideas, and fostering a nonjudgmental environment. Copies of the evaluation summary are included in the Appendix.

Follow-Up

Since the summit a number of follow-up actions have occurred to disseminate information about the meeting, to move forward with forming an oral health coalition, and to follow-up on specific actions to improve children's oral health.

- Planning Committee phone calls occurred on November 17 and December 4
- Ms Isman was asked to draft a concept paper and a draft action plan for the committee members to present to their respective commissions. These are included in the Appendix.
- In light of the full-time responsibilities of the Planning Committee members for their regular jobs and because of the enormity of the task of convening a coalition and implementing an action plan, the group decided to ask each of their commissions to contribute $10,000 to hire a coordinator who could also assist in writing grants and securing additional resources. They would also submit a proposal to the Association of Executive Directors for matching funds to implement the projects.
    - Lassen and Sierra Commissions voted to allocate $10,000 to this effort and to set aside additional money for specific dental interventions for children who have no other means of financial coverage.

    - Plumas Commission voted to allocate $10,000 to this effort and to move forward with hiring a dental health professional to coordinate services for children and families in Plumas County.
    - Modoc County is considering their level of participation.
- Ms. Isman and Ms. Roberts submitted a abstract on the Oral Health Summit to the American Association of Public Health Dentistry's upcoming annual meeting in Portland, Oregon in early May. (See Appendix) The abstract was accepted and will be presented in May.
- The CDA Access Committee requested a presentation on the Summit since they were unable to send a representative at the last minute. Ms Isman attended the meeting on Dec 6 in Sacramento to provide an overview of the summit and some of the major issues that arose. (See copy of PowerPoint presentation in Appendix) Draft copies of the concept paper and workplan were shared with committee members to advocate for policies that would address some of the problems faced by rural counties. Some of the discussion focused on ways to promote more involvement of the dentists in community activities in the four counties, developing a better communication network with them via conference calls, etc., and trying to offer more local continuing education courses.
- Dr. Robert Isman has met with the State Prop 10 Commission to discuss the possibility of a statewide dental initiative in addition to the county ones, and a way to link grantees to facilitate better sharing of information and approaches. He is also pursuing discussions with potential funders to possibly do a rural collaborative demonstration project in the 4-county area as an expansion of the recently funded HCFA grant in Alameda County.
- The Baby Kit was reviewed by Dr. and Ms. Isman and Dr. Ramos-Gomez. Comments were forwarded to the State CFC.
- Calaveras County is hosting an all-day workshop for health care providers and dental providers in March on how to care for young children. They have agreed to hold 2 slots open for 1 healthcare provider and 1 dentist from the 4-county region. Housing has also been reserved. Details will be sent as soon as the agenda is finalized so that the opportunity can be marketed in the region.
- Tom Bennett and Bev Isman sent Laura additional information on mobile dental programs and community-based preventive programs.
- To begin to develop a Resource Directory, a list of dentists in Sierra and Lassen counties has been compiled. The California Dental Association will be providing their list of dentists in the region, and which ones are members of the Association.
- Information on an oral health media campaign in the state of Washington was sent to Rogers and Associates, which was utilized in the formulation of the media portion of the workplan.
- In subsequent teleconferences, a four county oral health community outreach and education plan was formulated around the media workplan.
- Strategies for implementation of the four county childrens' oral health workplan have been summarized in a presentation to the State Children and Families Commission as well as local County Commissions.

Important Considerations for Replication

- Weather, geography, travel time and expenses, and location of appropriate meeting facilities greatly influenced the timing and budget for the oral health summit.
- A local planning committee is crucial. All committee members need to be committed to participation in phone conferences and timely review and approval of drafts and materials. Local ownership cannot be relegated to an outside consultant.
- Someone who is familiar with rural issues and dental public health approaches and resources is needed to help with selection of speakers, materials and potential solutions. This can be a consultant or someone from a state or local agency who is a dental professional and has formal training in public health.
- A functional and timely communication system is crucial to planning, implementation and follow-up, especially when timelines are short. Much can be done via e-mail, phone, fax and mail, but face-to-face meetings are also important.
- Use of the Internet to access information on programs, policies and other resources saves a great deal of time and money.
- The agency hosting the meeting needs to be able to commit some in-kind costs such as copying, telephone charges, mailing costs, and clerical or other staff time to support the entire process. Reliable copy and fax machines are a must. Evening and weekend hours are often needed.
- Negotiating a flexible contract with the host meeting facility is important when registration timelines are short and participant confirmations cannot be acquired until a few days before the meeting.
- Pre-meeting questionnaires or interviews are important for gaining information and perspectives from people who are unable to attend. These perspectives should be shared at the meeting and summaries from the meeting should be widely distributed. This fosters inclusivity and allows people to participate in follow-up activities if they wish.
- Procurement of continuing education credits for attendees for at least some of the sessions is important.
- It is important to recruit speakers and facilitators who will work well with the particular audience and set a comfortable, nonjudgmental, invigorating meeting environment.

For more information about the summit or the oral health coalition contact:

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APPENDIX